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APPLICANTS
 Hiroyuki Takakura, Isehara, JAPAN;
 Nobuyasu Yamaguchi, Macihda, JAPAN;
 Kenichiro Sakai, Sagamihara, JAPAN;
 Hirotaka Chiba, Atsugi, JAPAN;
 Tsugio Noda, Hadano, JAPAN;

**** CONTINUING DATA ******* *BA*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>J.H.</i>		

ADDRESS
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TITLE
Image processing method and image processing device

FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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